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\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

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| TX/RX NO       | 2400        |              |
| CONNECTION TEL |             | 919142724109 |
| CONNECTION ID  |             |              |
| ST. TIME       | 07/14 15:53 |              |
| USAGE T        | 06'53       |              |
| PGS. SENT      | 18          |              |
| RESULT         | OK          |              |

**COVANCE.**  
THE DEVELOPMENT SERVICES COMPANY

Covance Clinical Research Unit  
309 West Washington Avenue  
Suite 4 East  
Madison, Wisconsin 53703  
Tel: 608/283-6060  
Fax: 608/681-8169

28 March 2003

Loreen Carchman  
Manager  
Philip Morris Research Center  
615 Maury Street  
Richmond, Virginia 23234

Re: Investigator Agreement and Indemnification

Dear Loreen:

Enclosed are signed Indemnification Letters for processing by Philip Morris. Please secure signatures, return one copy directly to the Investigator and retain the second for your files.

Virginia Commonwealth University - William Barr, PharmD.

Also included is an Investigator Agreement for this site. The protocol signature page was forwarded to Dr. Roethig for signature. A duly signed copy will be forwarded when we receive it.

If you have any questions, please feel free to contact me at 608-283-5685.

Regards,



Brigitte M. Kochan, CCRC  
Manager Client Services

/bmK

Enclosure

Cc: David Leary, Arnold & Porter (Letter and Contracts)

PM3006537461